



HOUSING, ECONOMIC DEVELOPMENT & COMMERCE
DIVISION OF COMMERCE
4 Jackson Square, Jersey City, NJ 07305
Telephone # 201-547-5139
commerce@jcnj.org

STEVEN M. FULOP
MAYOR

ANNISIA CIALONE
DEPARTMENT DIRECTOR

MAYNARD WOODSON
DIVISION DIRECTOR

**NEW APPLICANT INSTRUCTIONS FOR
FLORIST LICENSE**

1. Complete the application and have it NOTARIZED
2. If you are a new applicant and you are going to open a new business, you need to bring the following documents to this office
 - A) New Jersey State Sales Tax Certificate of Authority (CA-1) permit or certificate. You can get this at 124 Halsey Street, Newark New Jersey. (Bring a photo ID). Tel.# (973) 648-2121 or (973) 648-6190
 - B.) State of New Jersey Business Registration Certificate. If you have any questions or require more information, feel free to call the Registration Hotline at (609) 292-9292.

Please make sure you bring the original documents; copies are not accepted. Both certificates must be displayed at your place of business as well as the Jersey City License. Also, I have attached a sample of each of these documents needed to facilitate the processing of this license.

3. If you are going to apply to become a licensed FLORIST shop, please come to the Division of Zoning to file a pre-application first. If the Division of Zoning approves your pre-application you then must complete the application with the Division of Commerce.
4. A sole proprietorship or general partnership will generally use a "trade name". If you intend to do business under your own name, then no trade name registration is required. If you intend to operate a Sole Proprietorship or General Partnership using a business name, then you must contact the Hudson County Clerk at 567 Pavonia Ave., Jersey City, NJ 07306 (201)795-6022.
5. If your company is a CORPORATION or PARTNERSHIP attach a copy of your CERTIFICATE OF INCORPORATION or PARTNERSHIP AGREEMENT. If you are not a corporation but have an LLC please bring a copy of your LLC.
6. Attach two photographs of the front and inside of the building where the business is located. If the photograph does not show your business sign, ATTACH an additional photograph showing the business sign.
7. If you own the property at which the business is located, ATTACH a copy of the deed of the property. If you rent or lease, ATTACH a copy of the LEASE AGREEMENT. If the property has not yet been leased or rented, ATTACH an additional photograph showing the business sign.
8. Please bring your NJ Driver's License.
9. Fee is \$100.00. We accept business checks or money orders. WE DO NOT ACCEPT CASH.



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FLORIST APPLICATION
License Term December 1, 2021 thru November 31, 2022

License# _____

Fee: \$100.00

Check One: NEW APPLICATION

RENEWAL APPLICATION

Business Information

Name of Business: _____

Trade Name: _____

Address: _____

Telephone Number _____

City: _____ State: _____

Zip Code: _____

Check One: Corporation

LLC

Sole Proprietorship

Other

Owner Information

Name: _____

Home Address: _____

City: _____

State: _____

Zip Code: _____

Cell Phone Number _____

Email: _____

All applicants please provide the following information and attach copies of proof thereof:

1. New Jersey Sales Tax Identification Number: _____
2. New Jersey Business Registration Number/ Tax ID: _____

NOTARIZED STATEMENT

STATE OF NEW JERSEY
COUNTY OF HUDSON

I, _____ BEING DULY SWORN TO LAW, UPON OATH, DEPOSES AND SAYS THAT I AM THE APPLICANT NAMED AND THAT THE ANSWERS TO THE QUESTIONS STATED ON THIS APPLICATION ARE TRUE AND COMPLETE.

(Signature of Owner)

AFFIX SEAL

Sworn to and subscribed before me this _____ day of _____ 20 _____

NOTARY PUBLIC SIGNATURE _____

FOR OFFICE USE ONLY

DENIED _____ APPROVED _____ AMOUNT \$100.00 CHECK/MONEY ORDER _____

Director's Signature: _____ Date: _____



WAGE THEFT CERTIFICATION

This form will be part of the License Application. It is a required document to be completed by the applicant and its completion is an express condition to approval of the License Application.

CERTIFICATION STATEMENT: I have not been found guilty, liable, or responsible in any judicial or administrative proceeding of committing a violation of the NJ State Wage and Hour Law N.J.S.A 34:11-56; Wage Payment Law N.J.S.A 34:11-4; Hudson County Living Wage Ordinance (No. 363-6-2014,364-6-2014,365-6-2014 and PL: 1977,C.33), N.J.S.A. 2C:40A-2, the Fair Labor standards Act, 29 U.S.C§201 *et seq.*, Section 3-76c of the Jersey City Municipal Code or any other federal or state law related to the payment of wages or the collection of debt owed due to unpaid wages. If I have been found liable as indicated herein within the last 24 months, I will provide the dates, location and nature of the wage theft claim, along with written evidence which demonstrates that the claim has been resolved.

I hereby certify that the information provided herein is true and accurate. I further certify that if any of the information provided herein is willfully false, I am subject to punishment.

Signature of Applicant _____

Print Name _____

Date _____

